

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update - Year 4
Annual Plan for Fiscal Year: FYE 6/30/2004

Merrimac Housing Authority MA 113
Merrimac Massachusetts, 01860

c/o Section 8 Administrative Offices
Amesbury Housing Authority
180 Main Street
Amesbury, MA 01913

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Merrimac Housing Authority

PHA Number: MA113

PHA Fiscal Year Beginning: (07/2003)

PHA Plan Contact Information:

Name: Robert J. Mazzone

Phone: 978 -388-2022 x11

TDD: 1 -800-545-1833 Ext. 189

Email (if available): AHAexecutive@ci.amesbury.ma.us

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- PHA development management offices
- Other (list below)

PHA Programs Administered :

Public Housing and Section 8

☒ Section 8 Only

Public Housing Only

**Annual PHA Plan
Fiscal Year 2003**
[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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Other (List below, providing each attachment name)	

ii. Executive Summary

[24 CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update. The Merrimac Housing Authority administers a 22 -unit Housing Choice Voucher Program for the Town of Merrimac, Massachusetts. Many changes were implemented with the Initial Annual Plan for FY 2000 and it is our fervent hope to be able to implement many of those changes during the current reporting period ending June 30, 2004.

2. Capital Improvement Needs

[24 CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.



A. Yes/No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA = estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ _____

C. Yes/No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.



1. Yes/No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If A No @, skip to next component; if A yes @, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition Disposition	
3. Application status (select one) Approved Submitted, pending approval Planned application	
4. Date application approved, submitted, or planned for submission:	(DD/MM/YY)
5. Number of units affected:	
6. Coverage of action (select one) Part of the development Total development	
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24 CFR Part 903.79(k)]

- A. ☒ Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If A No @, skip to next component; if A yes @, describe each program using the table below (copy and complete questions for each program identified).)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☒ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

No - Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally

accepted private sector underwriting standards

- ☒ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

The Amesbury and Merrimac PHAs have integrated the Home Purchase Component of the Housing Choice Voucher Program into their respective Revised Administrative Plans, previously submitted to HUD. The AHA/MHA utilizes a Regional First Time Home Buyers Program - The Coastal First Time Home Buyers Program (Headquartered in Newburyport, MA) to provide training and certificates of completion to any HCV Precipients who wish to participate. Both PHA's pay the \$45 course fee for the program participants from program reserves, as required by HUD. To date, three families have taken advantage of this training opportunity and have secured certificates of completion (a requisite for participation in the Home Purchase Program). One individual has purchased a home using the program to supplement their monthly P&I and escrow payments.

The AHA/MHAs staff has provided the remainder of the expertise required to promote and administer this program. The Executive Director has considerable experience in First Time Home Buyers Programs. This experience was gained by overseeing a First Time Home Buyers program in Lowell, MA provided by the Department of Planning and Development and funded under the HOME and CDBG programs. Over 100 Home Purchases were completed during the tenure of the AHA/MHA director as the City of Lowell Assistance Director of Community and Economic Development. The Director also helped to organize the "Home of Your Home Program" Offered by the Citizen's Housing and Planning Association (CHAPA) under the auspices of Freddie Mac for persons with disabilities during his tenure with the Massachusetts Department of Mental Health..

This Section 8 Administrator has a background in accounting and finance in the banking industry and is fully aware of the differences required by this new program. The software provider for the AHA/MHA has already updated the Section 8 Administration Software to permit the computation of payments to the homebuyer.

Both PHA boards wanted to offer this option to those HCV program participants under their respective Section 8 Programs. Both PHA boards have previously approved the addition of this program into the Section 8 Administrative Plan.

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7(m)]

☒ Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. Yes No ☒ : Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA = s e s t i m a t e d o r a c t u a l (i f k n o w n) P H D E P g r a n t f o r t h e u p c o m i n g y e a r ? \$ _____

C. Yes No ☒ Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No ☒: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment: Historically, comments from those who responded to the RAB process were generally positive and encouraged the Merrimac Housing Authority to seek ways to broaden affordable housing opportunities for Merrimac Residents.

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No ☒: below or

Yes ☒ No: at the end of the RAB Comments in Attachment _____.

(listed above in #2)

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA = s c o n s i d e r a t i o n i s i n c l u d e d i n p a r a g r a p h #2, listed above. Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (Northshore Home Consortium, Peabody, MA)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☒ Activities to be undertaken by the PHA in the coming year are consistent with

specific initiatives contained in the Consolidated Plan. (list such initiatives below)
Other: (list below)

PHA Requests for support from the Consolidated Plan Agency

Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction (Northshore Home Consortium, Peabody, MA) supports the PHA Plan with the following actions and commitments: (describe below). The Agency responsible for the Consolidated Plan for Merrimac, Massachusetts noted in their review of the PHA Plan for Year 2000 that local preferences which were included in the selection criteria utilized by the Merrimac Housing Authority. In response to that determination, the Merrimac Housing Authority Board instituted a new Section 8 Housing Choice Voucher Administrative Plan which brought the selection process for HCVouchers in full compliance with current HUD and Affirmative Fair Housing directives for waiting list selection without local preferences.
5. Key targets of the North Shore Consolidated Plan for the Merrimac Region
 - A) expanding the supply of affordable housing
 - B) Provide Housing Options for Special Population to prevent homelessness
 - C) Maintain, Preserve and Improve the affordable housing stock

C. Criteria for Substantial Deviation and Significant Amendments Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5 -year Plan: The Merrimac Housing Authority defines a substantial deviation from the Annual Plan as an event which affects at least 5 units in the 22 unit inventory or requires HUD approval (e.g. utilizing Payment Standards in excess of 10% of the Fair Market Rent for the applicable market area.)

B. Significant Amendment or Modification to the Annual Plan: If such a deviation occurs in the administration of the MHA 22 -unit program, the MHA staff will submit an amendment to HUD for that applicable fiscal year plan.

Attachment A
Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the Applicable & On Display column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Main Administrative Office in Amesbury, MA	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Main Administrative Office in Amesbury, MA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
Main Administrative Office in Amesbury, MA	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
Kevin Hurley Coordinator North Shore Consortium 24 Lowell St. Peabody, MA 01960	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
Section 8 Only PHA	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Only PHA		
Section 8 Only PHA	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
Section 8 Only PHA	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
Main Administrative Office in Amesbury, MA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Section 8 Only PHA	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
Section 8 Only PHA	Schedule of flat rents offered at each public housing development check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
Main Administrative Office in Amesbury, MA	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Section 8 Only PHA	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
Section 8 Only PHA	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
Section 8 Only PHA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & self-sufficiency
Main Administrative Office in Amesbury, MA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
Administrative Office in Amesbury,	Any required policies governing any Section 8 special housing types (Project Based Vouchers & Home Ownership Program) <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
MA		
Section 8 Only PHA	Public housing grievance procedures check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
Main Administrative Office in Amesbury, MA	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Section 8 Only PHA	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
Section 8 Only PHA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
Section 8 Only PHA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
Main Administrative Office in Amesbury, MA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing '504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
Section 8 Only PHA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
Section 8 Only PHA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
Section 8 Only PHA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
Section 8 Only PHA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
Main Administrative Office in Amesbury, MA	Policies governing any Section 8 Homeownership program (Section XIV of the AHA/MHA Section 8 Administrative Plan)	Annual Plan: Homeownership
Section 8 Only PHA	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-sufficiency
Section 8 Only PHA	FSS Action Plan/s for public housing and/or Section 8 No FSS program vouchers in inventory	Annual Plan: Community Service &

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Self-sufficiency
Section 8 Only PHA	Section 3 documentation required by 24 CFR Part 135, Subpart E No FSSHC or Federal Public Housing units	Annual Plan: Community Service & Self-sufficiency
Section 8 Only PHA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other residents services grant) grant program reports	Annual Plan: Community Service & Self-sufficiency
Section 8 Only PHA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
Section 8 Only PHA	PHDEP-related documentation: \$ Baseline law enforcement services for public housing developments assisted under the PHDEP plan; \$ Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); \$ Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; \$ Coordination with other law enforcement efforts; \$ Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and \$ All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
Section 8 Only PHA	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A&O Policy	Pet Policy
Main Administrative Office in Amesbury, MA	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
Main Administrative Office in Amesbury, MA	Troubled PHAs: MOA/Recovery Plan - Responses submitted to HUD Region I identifying those essential steps to bring MA 113 into full compliance with HUD directives. SEMAP score was 44% for FY ending 6/30/2001. Mostly due to lease up rate under 95%. This problem has been corrected and MA 113 should be in full compliance during the annual period for this submission.	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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Table Library

Annual Statement/Performance and Evaluation Report					
PHA Name: Merrimac, Massachusetts MA113			Grant Type and Number		Federal FY of Grant:
Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment C Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation				

Annual Statement/Performance and Evaluation Report					
PHA Name: Merrimac, Massachusetts MA113			Grant Type and Number		Federal FY of Grant:
Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Measures				

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HUD50075

OMB Approval No: 2577 -0226
Expires: 03/31/2002

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -YearActionPlan			
Originalstatement		Revisedstatement	
Development Number	DevelopmentName (orindicatePHAwide)		
DescriptionofNeededPhysicalImprovementsorManagement Improvements		EstimatedCost	PlannedStartDate (HAFiscalYear)
Totalestimatedcostovernext5years			

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

- A. Amount of PHDEP Grant \$
- B. Eligibility type (Indicate with an Ax @) N1 N2 R
- C. FFY in which funding is requested
- D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an Ax @ to indicate the length of program by # of months. For A Other @, identify the # of months).

12Months____18Months____24Months____

G.PHDEPProgramHistory

Indicate each FY that funding has been received under the PHDEP Program (place an Ax @ by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place AGE @ in column or AW @ for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

[illegible]

PHDEPPlanGoalsandActivitie s

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise. Do not exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 BReimbursementofLawEnforcement						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHED E P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHED E P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHED E P Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							

9120 -Security Personnel					Total PHDEP Funding:\$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							
9130 B Employment of Investigators					Total PHDEP Funding:\$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9140 B Voluntary Tenant Patrol					Total PHDEP Funding:\$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							

3.							
----	--	--	--	--	--	--	--

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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Required Attachment# A: Resident Member on the PHA Governing Board

1.A. Yes ☐ No: ☒ Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

Name of resident member(s) on the governing board:

Not applicable, PHA board members are elected in Massachusetts Towns, as required by MGL Ch 121B. Whereas portability allows HCV P participants to live anywhere in the United States and some US Territories, locating and encouraging participants to run for local PHA boards in Town elections is not a reachable goal for a local PHA. One of the key benefits to the HCV program over project-based assistance is anonymity for the voucher holders. Many of the participants enjoy the ability to live in a private rental unit without the stigma associated with affordable housing or project-based assistance. Encouraging voucher holders to run for local elections to be a resident representative on the RAB is a difficult task, at best.

How was the resident board member selected: (select one) ☐ Not applicable
☐ Elected
☐ Appointed

1.B. The term of appointment is (include the date term expires):

2.A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

The PHA is located in a State that requires that members be elected by the Town to serve on the PHA governing board. If program participants are elected by the town in which they reside, they could participate. Other (explain):

2.B. Date of next term expiration of a governing board member:

Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment# B:
Membership of the Resident Advisory Board or Boards -
Merrimac Housing Authority MA113

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The entire list of up to 22 current Section 8 recipients comprises the content of the Merrimac Housing Authority Resident Advisory Board. Virtually all recipients are notified of the PHA Plan Contents and are sent a copy for their review. A Survey is included in the PHA plan for any comments and suggestions that may be incorporated in the plan. There is no need to publish these names for public review. In May of 2003 a packet was sent out to all those program participants. These packets included a complete copy of the PHA Plan Update, a survey, cover letter and self-mailer envelope.

Of the 22 surveys and PHA plan packets that were sent out, there were 5 respondents. In each case they reviewed the PHA Plans and completed the survey that was included.

It may be convenient for larger public housing authorities with a portfolio of HUD -funded public housing programs to bring residents together for a Resident Advisory Board meeting. But small 22-unit programs with vouchers under lease in six communities have difficulty bringing the heads of families together who have employment and child-rearing responsibilities for a RAB meeting during the work week or evenings or on weekends.

Attachment# 1 -Resident Advisory Board Survey



Merrimac Housing Authority -Housing Choice Voucher Program
PHA Plan Year 4 Update -Resident Advisory Board Survey

June 20, 2003

PREAMBLE

The Merrimac Housing Authority is required by the US Dept. of HUD to promote interest and participation in the development and review of the Five -year and One Year PHA plans. These PHA Plans are required of all recipients of federal housing funding for rental subsidy or public housing programs.

PARTICIPATION

You are a beneficiary of the \$134,398 in federal funds which supported this program in 2002. HUD has informed us that you constitute a member of the "Resident Advisory Board" and as such must be asked to review this plan for comment. Please review the enclosed PHA Plan Update for the Merrimac Housing Authority and provide your written comments on this survey and send back to the Merrimac Housing Authority on or before June 6, 2003. You are not required to complete and return this survey or sign it; but it would be of great assistance to us if you can take the time to do so and return it to the Merrimac Housing Authority.

SURVEY

1. Do you have any comments or concerns about the Executive Summary? NO ☐ YES ☐
If yes, please explain section and topic you would like to comment on _____

2. Do you have any questions or concerns about the Description of Policy and Program Changes for the Upcoming Fiscal Year? NO ☐ YES ☐

If yes, please explain section and topic you would like to comment on: _____

3. Do you have any questions or concerns about the Strategy for Addressing Housing Needs? NO ☐ YES ☐

If yes, please explain section and topic you would like to comment on _____

4. Do you have any questions or concerns about the Homeownership Option? NO ☐

YES ☐ If yes, please explain section and topic you would like to comment on

5. Waiting List? NO ☐ YES ☐

If yes, please explain section and topic you would like to comment on _____

6. Payment Standards? NO ☐ YES ☐

If yes, please explain section and topic you would like to comment on _____

7. Operations and Management? NO ☐ YES ☐

If yes, please explain section and topic you would like to comment on _____

8. Consistency with Consolidated Plan? NO ☐ YES ☐

If yes, please explain section and topic you would like to comment on _____

9. Priorities of North Shore Home Consortium or Merrimac Housing Authority?

NO ☐ YES ☐

If yes, please explain section and topic you would like to comment on _____

10. Other issues or comments? NO ☐ YES ☐

If yes, please explain section and topic you would like to comment on _____

Signature (NOT REQUIRED)

Date

Please return just this survey to us in the self-addressed stamped envelope
BEFORE Friday, June 6, 2003 at the close of the business day

Thank you for your participation and cooperation!

Results:

Out of the 22 PHA plan and survey packets mailed out to all participants of the Merrimac Housing Authority HCV Program, a total of 5 surveys were returned to the Merrimac Housing Authority out of the 22 that were sent out. Of that five, that were returned:

1. One (1) survey was returned filled out but unsigned.
2. Three (3) surveys were checked off in the affirmative for all survey questions with no comments.
3. One (1) signed survey was returned which included a comment requesting the PHA to perform annual recertification by mail. (this is so metimes done if program participants live at a distance that makes it impractical to conduct face-to-face interviews).